

**COMBINED DECLARATION FOR PATENT
APPLICATION & POWER OF ATTORNEY****DOCKET NO: 42445.40037**

As a below named inventor, I hereby declare that:

The information given herein is true;

My residence, post office address and citizenship are as stated below next to my name;

I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (if only one name is listed below) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (if plural names are listed below) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED:

DEVICE FOR INSERTING DEFORMABLE INTRA-OCULAR LENSES

the specification of which (check only one item below):

- ☐ is attached hereto;
- ☐ was filed on _____, as United States
Application Serial No. _____
and was amended on _____ (if applicable).
- ☒ was filed on February 27, 2004 as PCT International
Application Serial No. PCT/EP2004/050224
and was amended under PCT Article 19 _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56.

I hereby claim the benefit under Title 35, United States, §119(e) of any United States provisional application(s) listed below.

(Application Serial No.)

(Filing Date)

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America having a filing date before that of the application(s) on which priority is claimed.

FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 (6 if a Design) MONTHS PRIOR TO THE FILING DATE OF THIS APPLICATION THE PRIORITY OF WHICH WHERE PERMITTED IS HEREBY CLAIMED UNDER 35 U.S.C. SEC. 119.

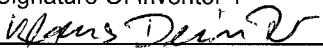
COUNTRY	APPLICATION OF NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED	

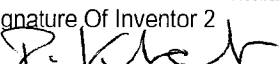
COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY –
Continued

ATTORNEY'S DOCKET NO:
42445.40037

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

	U.S. APPLICATION NO.	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
	PCT APPLICATIONS DESIGNATING THE U.S.				
	PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS		
POWER OF ATTORNEY: As a named inventor, I hereby appoint practitioners associated with the Customer Number: 44955 As my/our attorneys or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.					
	Send correspondence to		Song Zhu, Ph.D. Squire, Sanders & Dempsey L.L.P. One Maritime Plaza, Suite 300 San Francisco, CA 94111		Direct Phone Calls To: Song Zhu: 415 954-0241
1	FULL NAME OF INVENTOR	LAST NAME Deinzer	FIRST NAME Klaus	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Schlieren	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP German	
	POST OFFICE ADDRESS	STREET Alter Zürichweg 10c	CITY Schlieren	STATE OR COUNTRY Switzerland	ZIP CODE CH-8952
2	FULL NAME OF INVENTOR	LAST NAME Kammerlander	FIRST NAME René	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Dietikon	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	STREET Zinggenstrasse 9	CITY Dietikon	STATE OR COUNTRY Switzerland	ZIP CODE 8953

COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY – Continued		ATTORNEY'S DOCKET NO: 42445.40037
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.		
Signature Of Inventor 1 	Signature Of Inventor 2	
Klaus Deinzer	René Kammerlander	
DATE 30 August 2007	DATE	

COMBINED DECLARATION FOR PATENT APPLICATION & POWER OF ATTORNEY – Continued		ATTORNEY'S DOCKET NO: 42445.40037
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.		
Signature Of Inventor 1	Signature Of Inventor 2	
		
Klaus Deinzer	René Kammerlander	
DATE	DATE 19.9.2007	